		Application or Docket Number										
	PATENT	APPLICATIO Effec	10/756,422									
CLAIMS AS FILED - PART I								MALL E		<u>, </u>	OTHER	THAN
(Column 1) (Column 2)								YPE [OR	SMALL	
TOTAL CLAIMS 43								RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			43 minus 20=		* 23			X\$ 9=		OR	X\$18=	414
INE	DEPENDENT C	LAIMS	2 minus 3 =		Ø'			X43=	Ì	OR	X86=	
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT				Ī	+145=		OR	+290=	
* If	the difference	e in column 1 is	less than zero, enter "0" in column 2				L	TOTAL		OR	TOTAL	1.184
CLAIMS AS AMENDED - PART II									3	OTHER	- /	
		(Column 1)		(Column		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
		JLTIPLE DEPENDENT		CLAIM			+145=		OR	+290=		
	1,31							TOTAL		ام	TOTAL	
	(Column 1) (Column 2) (Column 3)							ADDIT. FEEOR ADDIT. FEE				
AMENDMENT B		CLAIMS		HIGH	EST		lr		ADDI-	1 1		ADDI-
		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	+145=	4		+290=	
TOTAL									OR	TOTAL		
(Column 1) (Column 2) (Column 3)										OR	ADDIT. FEE	<u> </u>
						·						
ENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	:	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL _FEE
AMENDMENT C	Total	*	Minus	**		= .		X\$ 9= :		OR	X\$18=	
	Independent	*	Minus	***		=		X43=			X86=	
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
A Malaysia di Salaysia di Sala										OR	+290=	
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ADDIT. FEE	
		ber Previously Paid					r foun	d in the app	oropriate box	in col	umn 1.	